

ATTACHMENT D - PROPOSER INFORMATION SHEET

Proposer Name and Address		
D1	Legal name of Proposer	
	Address	
	City, State, Zip	

Contact Person for Questions / Contract Negotiations		
D2	Name:	
	Title:	
	Address:	
	Phone:	
	Email Address:	

Proposer Information		
D3	Company Type (sole proprietor, partnership, etc.):	
	Legal Entity Name	
	State of incorporation:	
	Date of incorporation:	
	Federal Tax ID number	
	Oregon Business Registry Number (if applicable)	

Disputes/Litigation		
D4	Within the past 5 years, has Proposer been a party to a dispute with any customer in an administrative or civil judicial proceeding relative to the scope of this RFP? If yes, please explain below:	

Proposer Minimum Qualifications			
	RFP Section	Requirement	Meets?
D5	3.1.1.1	Proposer must be legally qualified to conduct business in Oregon, in accordance with ORS 279B.110. Proposer shall provide its Oregon Secretary of State Business Registry number in its Proposal; or Proposer shall affirm in its Proposal that Proposer will register with the Oregon Secretary of State upon issuance by OC&P of the intent to award a Contract to Proposer. Registration must be completed before Contract will be executed.	
	3.1.1.2	Proposer and subcontractor personnel directing care coordination activities should be licensed or certified to provide licensed physical health-related services and mental health services in the State of Oregon. Activities and resources may include or be augmented by personnel outside of Oregon but must be directed by Oregon licensed staff. Documentation confirming the license(s) must be easily identifiable by Agency and the Evaluation Committee.	
	3.1.1.3	Proposer must have a minimum of five years' experience in providing coordination of healthcare services for state or federal health and human services programs. Evidence of Proposer's experience must be easily identifiable by Agency and the Evaluation Committee.	
	3.1.1.4	Proposer must have a minimum of five years' experience with integration of multiple agency programs and systems, such as Medicaid and Medicare, telephonic triage, disease management, intensive care management, community outreach, and coordination of care. Evidence of Proposer's experience must be easily identifiable by Agency and the Evaluation Committee.	

Proposer's Key Persons Minimum Qualifications (expand this section as necessary)			
D6	Key Person Name:		
	RFP Section	Requirement	Years Exp
	3.1.2.1	Proposer must have one, full-time equivalent (FTE), medical director position. Evidence of the position and its qualifications must be easily identifiable by Agency and the Evaluation Committee. A position description may be submitted, but Agency reserves the right to approve or deny the medical director if the position is filled after Award of the Contract.	
	3.1.2.2	Proposer must have one, FTE, clinical operations manager position to oversee care coordination and integration field staff. This position will be the primary clinical liaison with Agency's clinical reviewers and management staff. Evidence of the position and its qualifications must be easily identifiable by Agency and the Evaluation Committee. A position description may be submitted, but Agency reserves the right to approve or deny the clinical operation manager if the position is filled after Award of the Contract.	
	3.1.2.3	Proposer must have one, FTE, behavior and mental health assessments manager position to oversee Work associated with the 1915i HCBS assessments, and other assessments required by Agency, and serve as the liaison between Agency staff and be accountable for that body of Work. Evidence of the position and its qualifications must be easily identifiable by Agency and the Evaluation Committee. A position description may be submitted, but Agency reserves the right to approve or deny the assessments manager if the position is filled after Award of the Contract.	